GAS SAFETY CERTIFICATE

This form can be used as a Landlord's gas safety certificate

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GAS safe REGISTER

12770 Enter Company Registration Number

Engineer [redacted]

Gas Safe Ca [redacted]

Engie Office Address
14 ENDCLIFFE AVE
S10 3EA

Contract Number 1 of 5
Customer Name ENGIE
Site Address LAWRENCEFIELD FG Block
8 ENDCLIFFE GDNS SHEFFIELD
Postcode S10 3DN
Received By Signature

Landlords Details If Different
Name
Address
Postcode
Rented Accommodation YES/NO

App	Landlords appliance Yes/No	Service Inspection Repair	Appliance Details: Location	Type	Model	Serial Number	Burner Manufacturer	Flue Type (OF/RS/FL)
1	YES	SERVICE	LAWRENCEFIELD G Block PLANT ROOM	CHB N°1	WB2B 60kW	7373010	VIESSMANN	RS
2	YES	SERVICE		CHB N°2	WB2B 60kW	7373010	VIESSMANN	RS
3								
4								

General Safety Checks	Result	General Safety Checks	Result
Gas booster/compressor operating correctly (Yes /No/NA)	N/A	Flue termination satisfactory (Yes/No/NA)	YES
Is there a current gas installation line diagram at primary meter (Yes/No/NA)	NO	Has a tightness test been carried out from local isolation valve (Yes/No/NA)	YES
Is the meter installation correct (Yes/No)	YES	Is gas pipework electrically bonded (Yes/No)	YES
Gas Installation pipework adequately supported (Yes/No)	YES	Are adequate emergency isolation valves fitted (Yes/No)	YES
Gas Installation pipework sleeved and sealed as appropriate (Yes/No)	YES	Are emergency valve handles in place and labelled (Yes/No)	YES
Is gas pipework colour coded or identified (Yes/No/NA)	YES	Do valves fail to the correct position (Yes/No)	YES
Is flue system installed in accordance with standards (Yes/No)	YES	Area clear of combustible materials (Yes/No)	YES

Ventilation

Low level free area cm² or ventilation flow rate inlet m³/h	Actual 2,122.68	Required (Calculated) 240cm²	
High level free area cm² or ventilation flow rate extract m³/h	Actual N/A	Required (Calculated) N/A	
All ventilation grills clear and unobstructed (Yes/No) YES	Fans and/or flue interlocks operating correctly (Yes/No/NA) N/A		

Details of any faults	Remedial Action Taken	Comments and calculations
UNSECURED PRIMARY METER – SEE TD0007		

Appliance Checks	App 1 or App 1 High	App 2 or App 1 Low	App 3 or App 2 High	App 4 or App 2 Low
Flue flow test satisfactory (Yes/No/NA)	N/A	N/A		
Spillage test satisfactory (Yes/No/NA)	N/A	N/A		
Air/Gas switch operating correctly (Yes/No/NA)	N/A	N/A		
Flame proving devices operating correctly (Yes/No/NA)	YES	YES		
Burner lock out time (seconds)	312	231		
Temperature and limit thermostats operating correctly (Yes/No)	YES	YES		
Heat net input rating data (kW)	60	60		

	App 1 or App 1 High	App 2 or App 1 Low	App 3 or App 2 High	App 4 or App 2 Low
Gas burner pressure (mbar) or heat input kW/h required	60	60		
Gas burner pressure (mbar) or heat input kW/h measured	54.92	62.72		
Gas rating measured (kW/h / NA)	5.70	6.51		
Air/gas ratio control setting (%/NA)	N/A	N/A		
Net flue gas temperature (gross less ambient) (°C)	71	75		
Oxygen (O_2 %)	5.5	4.6		
Carbon Monoxide (CO)(ppm)	51	95		

	App 1 or App 1 High	App 2 or App 1 Low	App 3 or App 2 High	App 4 or App 2 Low
Carbon Dioxide (CO_2) (%)	8.8	9.3		
Excess Air (%)	35.5	28.3		
CO/CO_2 Ratio	0.00 06	0.00 10		
Gross Efficiency (%)	87.3	87.6		
CO flue dilution (ppm)	N/A	N/A		
Standing pressure (mbar)	24.4	24.4		
Working pressure (mbar)	19.4	19.5		
Is appliance safe for use (Yes/No)	YES	YES		
Has a warning advice notice been raised (No or Warning notice Ser No or No's)	NO			
Test Instrument	TESTO SPRINT PRO			
Test Instrument serial number	32644801411220			

Worksheet No (If used)	LAW0004
Checked by (office use)	
Entered on database	

Declaration of gas safety - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (installation and use) regulations, standards and procedures.

Date	5TH JANUARY 2021
Signature	[redacted]

Distribution: White - Customer, Yellow - Service Centre, Pink - Site, Green - Engineer